



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Ashfields Care Home

**Ashfields House**  
**34 Mansfield Road**  
**Heanor**  
**Derby**  
**Derbyshire**  
**DE75 7AQ**

*Lead Inspector*  
Brian Marks

*Key Unannounced Inspection*  
27<sup>th</sup> November 2007      09:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Ashfields Care Home
<b>Address</b>	Ashfields House 34 Mansfield Road Heanor Derby Derbyshire DE75 7AQ
<b>Telephone number</b>	01773 712664
<b>Fax number</b>	
<b>Email address</b>	ashfields@majesticare.co.uk
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Ross Healthcare Limited
<b>Name of registered manager (if applicable)</b>	Post Vacant
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	40
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (40)

# SERVICE INFORMATION

## Conditions of registration:

1. To be able to admit the named person of category MD named in the variation application number V37318 dated 14th December 2006

**Date of last inspection**      29th January 2007

## Brief Description of the Service:

Ashfields is a former large family home that has been extended by the addition of a single story 'quadrangle' building to the side and rear. It is situated on a busy arterial road out of Heanor town centre and is situated close to all local amenities. It has retained many original features and has four communal lounges that allow for residents to be in small groups during the day. The home changed owners at the beginning of 2007 and a refurbishment programme has been put in place throughout this year with the main developments planned for completion by the beginning of 2008. This includes complete modernisation of the dining area. There is a large car park for staff and visitors adjacent to the home.

The weekly fees for this home range from £352 - £500.

# SUMMARY

This is an overview of what the inspector found during the inspection.

This was a Key unannounced inspection that took place at the home over a period of a day. Additionally, time was spent in preparation for the visit, looking at previous inspection reports and other relevant documents and preparing a structured plan for the inspection. In addition four of the residents and five relatives returned written survey forms before the inspection and the manager had returned a written annual quality assessment before the inspection. The information provided in this way was also analysed and contributed to the planning process.

At the home, apart from examining documents, care files and records, time was spent with the manager and deputy manager of the home, who were present throughout the inspection visit, and talking with eight of the staff working on the day shifts. The care records of four people who live at the home were examined in detail and these were interviewed along with a good number of others who were living there on the day of the inspection. During the morning of the inspection we were accompanied by an 'Expert by Experience', an important member of the inspection team whose job is to get a picture of what it is like to live in or use a social care service, and she spoke with these residents and their visitors and some staff throughout the morning of the visit. Her comments and observations are reflected in this report.

No other inspection visits have been made to the home since the last Key unannounced inspection on 29 January 2007.

## **What the service does well:**

All residents have a completed assessment of need prior to moving to the home; from this the home's senior staff develop care plans and risk assessments to address the needs highlighted. The home ensures that the residents are involved with the development of these documents and are routinely consulted about how care is to be given.

An Activity Coordinator has now started at the home and she has been very busy in developing and making sure that activities are more organised. Everybody commented on the positive impact she has had on life at the home and whilst carers are now free to concentrate on the first responsibility they regularly join in with the activities that are going on. Relatives and friends are able to visit the home without appointment and everybody commented that they are always made to feel welcome.

*'The home is friendly and residents were not just sitting around. I can relax as my mother is well looked after.'*

Catering at the home has been reviewed and residents are offered a variety of healthy food with a clear range of choices at the main meals; the home caters for the residents who have special dietary needs and the kitchen staff are happy to make special arrangements for individual birthdays and celebrations.

Residents spoken to were aware of who to complain to if the need arose and were confident that it would be responded to appropriately; they felt they are listened to, particularly through the regular group meeting they have with the home's management. The home is safe place to live and the safety of residents is also supported by the rigorous recruitment checks that are undertaken before new staff start work.

The residents spoken to felt that the staff treated them with respect and as individuals and relationships between staff and residents in the home are friendly and positive. Residents spoke to during the inspection enjoy life at the home and the care given them:

*'If I had known it was like this, I would have come here a long time ago. I have never been so happy as I am here.'*

*'Ashfields was the only home that I would go into, as I have heard bad reports of others.'*

## **What has improved since the last inspection?**

Since the new owners have taken over the running of the home they have appointed the previous deputy as manager and have embarked on a programme of improvement and modernisation on a number of fronts. The documentation that staff use to plan and record care activities has been completely renewed and this has had a positive influence on the way staff work to deliver care. Everybody commented on the improvements that the new manager has made and the stability she has brought to the home. The home is a busy place and the impact of the new Activities Coordinator has already been mentioned.

The home is kept clean and tidy and the new provider has a refurbishment programme in place, which has been moving forward throughout the past year. In particular the dining room has been completely modernised and is now a comfortable, light area in which enjoy the home's meals.

## **What they could do better:**

There have been no requirements made as a result of this inspection. A number of minor items for improving quality standards were discussed with the manager during the inspection.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

**The Commission considers Standards 3 and 6 the key standards to be inspected.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

### **3, 5 and 6.**

Quality in this outcome area is **excellent**. This judgement has been made using available evidence including a visit to this service.

People do not come to live at the home without their needs being carefully and extensively assessed and the services they need from the home being identified. This makes sure that the care provided is right when they move in.

## **EVIDENCE:**

From the examination of care records, all the people who are living at the home have been assessed before moving in to make sure the home can meet all of their social and healthcare needs. This assessment process is extensive and covers all the important areas in people's lives, and is carried out by one of the senior staff during a visit to the home by the person being referred and their relatives. From all the information obtained just before and after admission, a detailed care plan is developed (see next section) that indicates how staff will provide help consistently and safely on a day-to-day basis.

The home does not provide an intermediate care service so Standard 6 does not apply.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.**

### JUDGEMENT – we looked at outcomes for the following standard(s):

#### **7, 8, 9 and 10.**

Quality in this outcome area is **excellent**. This judgement has been made using available evidence including a visit to this service.

The care of all residents, including health care, is carefully planned and given in ways that respect individuality and privacy.

### **EVIDENCE:**

A complete package of documentation has been introduced since the last inspection and this covers assessment, planning and recording all aspects of care activity. All of the resident files looked at had been completed to the same high standard and the personal plans reflect all the information gathered about the individuals' personal, social and health needs and capabilities. Additionally, areas of risk affecting the residents' lives are identified, including pressure damage to skin and any wounds, nutrition, mobility, mental health and whether the person regularly experiences falls. Taken all together they create a practical guide for staff to care for residents consistently and safely. The process is based on a clear consultation with the person concerned and their representative and all aspects of the care plans are looked at and evaluated by the home's staff on a monthly basis, and revised where necessary. This hadn't been started for the most recently admitted resident but care had been looked within a more general 'total review' at three months;

the evaluation system operated by staff indicates that care is being provided which is based on up-to-date information. The care staff spoken to were positive about the new system and although they had been given more responsibilities for recording information, *'things are more organised and it is much easier to extract and use the information from the care plans'*.

Good contact with health care services has been maintained and the records looked at indicated that outside professionals from mental health and diabetic care services had been referred to. The new record system indicates clearly the care steps needed to be carried out by care staff in meeting health needs, and daily records examined showed when and how these had been done and the outcomes that had been achieved; this had been indicated a shortfall at the last inspection.

The home operates the Monitored Dosage System for medicines management and practices in general were found to be satisfactory. Medication administration records were seen and corresponded accurately with individual prescribed doses and instructions on the medication, although one instance of handwritten instructions not being signed was noted; this is good practice to indicate the person responsible and to provide accountability. There also seems a problem with synchronising stocks of medicines ordered and what the pharmacy sends out to the home that results in confusing gaps in the medicines packaging.

All of the residents spoken to confirmed that staff were respectful and maintained their dignity both when assisting with any personal care needs and at any other time.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

### JUDGEMENT – we looked at outcomes for the following standard(s):

#### **12, 13, 14 and 15.**

Quality in this outcome area is **excellent**. This judgement has been made using available evidence including a visit to this service. Opportunities for residents to engage in leisure and social activities have continued to improve, and the catering of the home is a service that aims to meet individual needs and is viewed positively by them.

### **EVIDENCE:**

The programme of social life at the home has continued to develop since the last inspection with the appointment of an Activities Coordinator, who were five days each week, including weekends. Small group activities have been tried such as craft and artwork, which is carried out in the room set aside for the purpose and the range of activities with individuals such as massage and 'foot spa' are particularly popular. Exercise for both the body and the mind are regular features – the latter includes the regular and popular communion arranged at the home and a monthly visit to a local church. The number of outings and 'big events' has increased also as have informal coffee mornings, arranged to encourage residents to just sit and chat with staff when this is practical.

A visit to the kitchen was made and discussion with kitchen staff indicated that a planned menu is provided at the home. Most meals are traditional in style to reflect the preferences of an older age group, and a clear choice is offered at

all main meals with a cooked option additionally available for breakfast and the teatime meal. Meals are based on principles of healthy eating, and fresh ingredients were in evidence in the kitchen; regular deliveries of food are made to the home and aspects of storage were satisfactory. Specific health needs are reflected within the catering arrangements, such as diabetic problems and for those residents who require a softened or liquid diet. The cook described the extended 'intermediate' training that she is about to start that will develop her skills further. The residents mostly take their meals together in the dining room areas but a number choose to eat in their rooms and this is supported by staff. The kitchen staff also arrange special occasions such as birthdays and family celebrations.

Visitors reported that they are free to come to the home throughout the day and a good number were seen during the visit. The bedrooms are private enough to accommodate visitors but the number of lounges in the building allow for other options for privacy and bigger family groups.

*'There is always something to do, all year round.'*

*'Food is good and there are always staff around. She says she has put weight on since she came in.'*

# Complaints and Protection

## The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

## JUDGEMENT – we looked at outcomes for the following standard(s):

### 16 and 18.

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The home responds to complaints made by residents and their representatives according to a written procedure, and aims to protect residents from harm.

## EVIDENCE:

The home has a comprehensive complaints procedure in place and residents and relatives spoken to were aware of it; it is included in the Service Users Guide and on display in the entrance to the home. Nobody spoken to reported any reason to complain, and all felt that they would be listened to if they needed to speak out. There had been one formal complaint made since the last inspection and this had been dealt with properly. The Manager stated that she and her staff tried to deal with problems before they become complaints.

The home has a comprehensive policy that guides staff in their responsibilities to safeguard residents from harm and this is available within the home. The guidance also includes reference to the procedures required by law and operated by the key public agencies, such as Social Services and the Police. All staff have received proper training in this subject, and two of the senior carers will become trainers themselves to carry this out 'in house', so that all staff will regularly refresh their knowledge and understanding, which will enhance resident safety. There have been two incidents since the last inspection that have resulted in the involvement of the statutory procedures but neither of these involved the home's staff and the response of senior staff demonstrated a good practical understanding of their responsibilities. The

strength of the home's recruitment procedures also further ensures the safety of the home's residents.

# Environment

## The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

**The Commission considers Standards 19 and 26 the key standards to be inspected.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

### **19 and 26.**

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The home is clean, hygienic and offers good standards of comfort and facilities to residents and their visitors.

## **EVIDENCE:**

The new providers have put a refurbishment programme in place since they took over and improvements have been steady. During a tour of the building the manager was able to identify the following:

- The dining room has been completely modernised, enlarged and refurbished.
- Bedrooms have been redecorated and refurbished as they have become vacant and about 50% have been completed.
- Three lounges have been redecorated and refurbished.
- Most of the downstairs corridors have been re-carpeted and the rest will be completed shortly.
- Bathrooms have been redecorated but further work is planned.
- The hairdressing room was being refurbished on the day of the visit.

- Corridors had been prepared for repainting.

On the day of the inspection all areas of the home that were visited were clean and tidy, and free from odours and all residents observed in the home during the inspection wore clean and well-presented clothing. The home benefits from the employment of a maintenance person and a gardener, and staff said that repairs were always promptly dealt with. The recommendations made at the last visits by the Environmental Health Officer and Fire Officer have been dealt with.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

**27, 28, 29 and 30.**

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The home provides a good level of staffing that has the skill mix, training and competency to meet the needs of the residents.

### **EVIDENCE:**

Duty rotas and information received in writing before the inspection indicate that there are sufficient care staff on duty over a 24-hour period, and that this has been increased above the previously agreed levels. The home has two waking staff and one sleeping in every night. Feedback from residents and staff indicated that they felt that there were sufficient staff on duty to carry out their work and staff were observed responding to residents in all areas during the inspection. The cleanliness of the home and quality of the catering service, referred to elsewhere in this report, indicate sufficient domestic and kitchen staff to be on duty.

Discussions with staff and management indicated that a good range of training is available to ensure that residents' needs are met and a member of staff described how she had been helped to start work at the home through a thorough induction programme and the opportunity to 'shadow' more experienced colleagues. All except two of the care staff have achieved level 2 of the National Vocational Qualification (NVQ) award and this is well in excess of the required standard, which is to be commended. Training offered to staff includes the mandatory health and safety courses as well as care of people

with dementia, managing challenging behaviour and medicines training for the senior carers.

As stated previously within this report the home has a rigorous recruitment procedure to ensure the safety of the service users. Examination of the staff file of the most recently appointed member of staff indicated two written references, a Criminal Records Bureau (CRB) check, a completed application form and two forms of identity. Staff are not given a start date at the home until their CRB has been returned which ensures that that people employed at the home are right for the job.

*'Staff are always there for you, whatever you want doing'.*

## Management and Administration

### The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

### The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

#### 31, 33, 36 and 38.

Quality in this outcome area is **excellent**. This judgement has been made using available evidence including a visit to this service.

The home has good administration and management systems and is a safe place to live and work; its operation is routinely examined in order to establish the best quality of care for the people that live there.

### EVIDENCE:

A new manager has been appointed at the home since the last inspection but she has not yet applied to register with CSCI, as is required by law. She has worked at the home for some years and was previously the home's deputy manager. Because of this she has been able to offer continuity to staff and residents and this has resulted in low turnover of staff and a period of stability. The manager is experienced in the care industry and has achieved the Registered Managers Award. With the regular support from her line managers she has restructured the administration of the home and staff have been given more responsibility and accountability at all levels. She has encouraged a very

open and supportive approach to the running of the home and everybody spoken to was very positive about the impact of the changes brought in. This has been underpinned by a system of formal and informal supervision of staff, which allows the homes management to monitor and support good practice amongst the staff group and gives the latter practical channels of communication within the home. The willingness of the new providers to invest in the physical environment and new systems at the home has created a living and working environment that is valued by all concerned.

The changes indicated above have also been backed by the introduction of a number of systems to make sure that standards are monitored and maintained. Regular assessments of different aspects of the home's operation such as medicines administration, health and safety activities, and care plan documentation are carried out. These are done by people external to the home as well as its senior staff and the direct views of residents and relatives are also sought through surveys, care reviews, regular group meetings and from informal comments.

Information received before the inspection indicated that servicing of equipment and safety standards at the home are satisfactory and a sample examination of fire safety activity supported this. The home has employed the services of a fire safety consultant who has been responsible for modernising the home's approach to fire safety in particular, which also includes staff training.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	X
<b>2</b>	X
<b>3</b>	4
<b>4</b>	X
<b>5</b>	3
<b>6</b>	N/A

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	4
<b>8</b>	3
<b>9</b>	3
<b>10</b>	3
<b>11</b>	X

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	4
<b>13</b>	3
<b>14</b>	3
<b>15</b>	3

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	3
<b>17</b>	X
<b>18</b>	3

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	3
<b>20</b>	X
<b>21</b>	X
<b>22</b>	X
<b>23</b>	X
<b>24</b>	X
<b>25</b>	X
<b>26</b>	3

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	3
<b>28</b>	4
<b>29</b>	3
<b>30</b>	3

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	3
<b>32</b>	X
<b>33</b>	4
<b>34</b>	X
<b>35</b>	X
<b>36</b>	4
<b>37</b>	X
<b>38</b>	3

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP31	The home's manager should apply to register with the CSCI to fully comply with the law.

## **Commission for Social Care Inspection**

Derbyshire Area Office

Cardinal Square

Nottingham Road

Derby

DE1 3QT

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk)

Web: [www.csci.org.uk](http://www.csci.org.uk)

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